

GIVING FOR GOOD

FIRST NAME _____

LAST NAME _____

EMPLOYEE ID NUMBER _____

WORK EMAIL ADDRESS _____

WORK PHONE NUMBER _____

WORK BOX NUMBER _____

Consider joining a UWCFD Giving Circle ... leading the way as we make a world of difference. Members of this prestigious club will receive special recognition from our UW President.

I WISH TO PARTICIPATE AT THE FOLLOWING PHILANTHROPIST LEVEL:

- GOLD (\$100+ PER MONTH)
- SILVER (\$50-99.99 PER MONTH)
- BRONZE (\$25-49.99 PER MONTH)
- I PREFER TO RECEIVE NO SPECIAL RECOGNITION

PLEASE DO NOT PROVIDE MY CONTACT INFORMATION TO MY CHARITIES

CONTRIBUTIONS

(charity name)	(charity code)	(monthly payroll contribution)	(one time payroll contribution)	(check contribution payable to CFD)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Friends of CFD Fund	0316854	_____	_____	_____
	(TOTALS)	_____	_____	_____

SIGNATURE

I understand that, once started, my monthly payroll deductions will continue until I complete a new Giving Form or cancel by providing written notice to the UWCFD office. I authorize the State of Washington to deduct the amount indicated from my pay, provided that the amount deducted is remitted on a regular basis in support of the Washington State Combined Fund Drive charities as specified above.

SIGNATURE (required) _____ DATE _____

I WOULD LIKE MY DONATION TO START: NEXT AVAILABLE PAY PERIOD ON JANUARY 11, 2022

RETURN

RETURN TO UWCFD, BOX 359200 SEATTLE, WA 98195

Thank you for making a difference!

UW COMBINED FUND DRIVE • uw.edu/uwcfid